ږ	PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  Application or Docker Number  10/775206  OM NO -00/0-/												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	U 17.U	THAN	]
TOTAL CLAIMS			25					RATE	FEE	٦Ŭ.`	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.0	OR	BASIC FEE	.770.00	2
TOTAL CHARGEABLE CLAIMS			20 minus 20=		. 0			XS 9		OA	7500		15
INDEPENDENT CLAIMS			(; minus 3 =		• ,		Ì	X43±	╅	7	X86=	er.	3
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT	_					<del>                                     </del>	HOR	<del></del>	66	3
 • ;	me difference	in column 1 is	ess than zero, enter "0" in column			cohumo 2		+145=	<del></del>	OR	+290=	707	E
								TOTAL	٠ ــــــ	OR		878	┨
CLAIMS AS AMENDED - PART II (Cotumn 1) (Cotumn 2) (Cotumn 3)								SMAL	L ENTITY	OR-	OTHER SMALL		
AMENDMENT A	126/06	CLAIMS REMAINING AFTER AMENDMENT.	HGGH NUMI PRIEVIC PAID		BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	<u>.</u>	RATE	ADDI- TIONAL FEE	•
	Total	. /	Minus	70.	1			X\$ 9=		OR	X318-		
	Independent	dependent Minus / 4			又	•/		X43=	†	OB	X85=		1
٢	FIRST PRESE	MATION OF MI	JUTIPLE DE	PENDENT	CLAIM		ı		<del> </del>	7	/		
•							ı	+145=		OR	/+290= YOYAL		ł
1	(Column 1) (Column 2) (Column 3)							DOIT. FE		JOR'	ADDIT. FEE	<b></b>	•
DMENT 8	11	CLAIMS REMAINING AFTER AMEROMENT		HIGH NUME PREVIO PAID	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
3	Total	00	Minus	- ~	KO	. /		X\$ 9=	1. /	OR	X\$18=		<b>1</b>
AMENI	Independent	. N	Minus	***	V.	•/ .	ı	X43=	1/	OR	X86=		
<u> </u>	FIRST PRESE	UM 36 NOTATH	LTIPLE DEF	ENDENT	CLAIM	<del>/</del>	ł	+145=	/_		+290•		
			•			(	Ĺ	1074	4—	OR	TOTAL	•	•
			DOIT. PEI	ــــا:	JOR ,	ADDIT, FEE		· ·					
AMENDMENT C	`	(Column 1)		(Colum	SY EA USLY	(Cotumn 3)			ADDI-	, 1		ADDI-	İ
		REMAINING AFTER AMENDMENT		PREVIO		PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
	Total	• 15	Minus	<b>-</b> $\sqrt{2}$	O	•	T	X3 9=		OR	X\$18=	-	
	Independent	· 3	Minus		4_	•	t	X43=	<del>                                     </del>	1	X86=	<u></u>	
•	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM	ُلــــــــــــــــــــــــــــــــــــ	-		<del>                                     </del>	OR	.000	<u></u>	
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.													
_	t the "High as No. I the "Highest No.	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THIS Id For IN THIS	SPACE B SPACE B	less that less that	n 20, enter "20." n 3, enter "3."		DOIT, FEE		_	DOT. FEE		